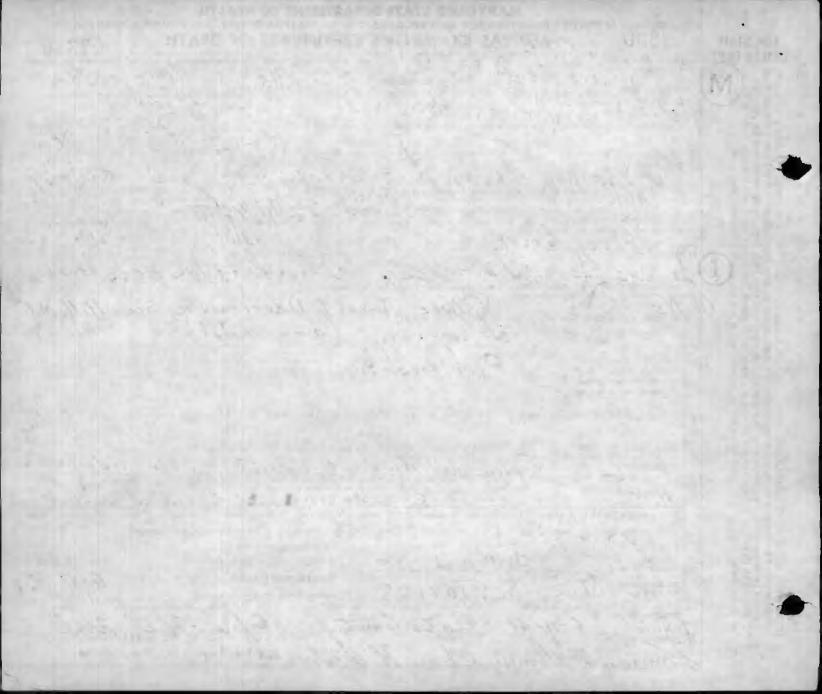
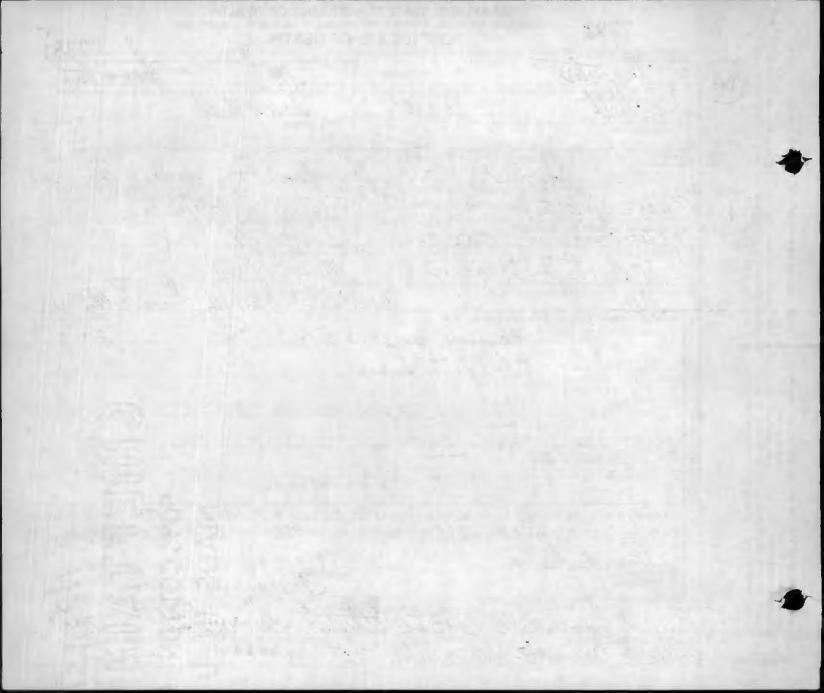
Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET.	BALTIMORE 1, MARYLAND
FOR STATE 7330 AMEDICAL EXAMINER'S CERTIFICATE OF	DEATH OF CO.
MEALTH DEPT. 1. PLACE OF DEATH I CA des June Pat 112, USUAL RESIDENCE (Where day	07380
a. COUNTY	b. COUNTY
by Christing of the corps of th	4 orcesies
write RURAL and give nearly tolvely	rate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	NA COLL
a 2 8 X	a. IS RESIDENCE ON FARM?
3. NAME OF First Middle A Last 400ATE	Month Day Year
DECEASED (Type or print) DEATH	A Think
E O O TE TO THE TOTAL OF THE TO	AGAIN YOUR IF UNDER 1 YEAR IF UNDER 24HRS.
TO BE SE	Months Days Hours Min.
	YIS.
10a. USUAL OCHATION (Give kind of york done during most of working life even prelired)	W: a
13. MATHER SHAME	7
NEE 23 Il lomos Soising weren almost	Thromas a devorage
EU EL THE WAS DECEASED EVERY U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
The James L. Devered	ux Sr. Snow Hill Md.
18. CAUSE OF DEATH [Enter only one cause per No. for (a), (b), and (c).]	ux Sr., Snow Hill Mel.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	THE AND DEADS
20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The Conditions, if any, which (b)	
gave rise to immediate cause (a), stating the underlying DUE TO	
ceuse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTION TO THE TERMINAL DISEASE CONT	YES NO
20a. EXTERNAL CAUSE WAS  20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part II of in	tem 18.)
	grace in deel water
20c. TIME OF TOURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City While Not While Not While Not While Sectory, Itreel, office bldg., etc.)	oy lown) (County) (State)
4.15 p.m. 19 While Not While lat work at work Blades Grave Pit-5m:	No. Snow Hill-Word . Md
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection	, Inquiry , and in my opinion
death resulted from: Natural causes . Accident . Suicide . Homicide . Und	etermined manner
CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINE	DATE SIGNED
EXAMINER'S DEPUTY MEDICAL EXAMINER OF	6/4/A
SERVINER'S NAME (Type) Address (Street city town or or	
NAME (Type)  226. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION 22d. LOCAT	Dunity) ON (City, town, or country) (State)
PAMINER'S  NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  PROVAL (Specify)  Date of Cemetery Or Crematory  Description  23. FUNERAL DIRECTOR  ADDRESS  Address (Street, city, town, or city)  22d. LOCATION  ADDRESS  24a. REC'D BY REGISTR.	
NAME (Specify)  220. BURIAL, CREMATION, 22b. DATE THEREOF  DEMOVAL (Specify)	ON (City, town, or country) (State)  ON (City, town, or country)  (State)  AR   24b, REGISTRAN'S SIGNATURE



VR A15 (4) 1SM F/59

	720-1 DIVISION OF		PEPARTMENT OF HE IND RECORDS — BALTIMOR		
	902	CERTIFICA	TE OF DEATH	A	1 07201
1. PLACE o. CO	UNTI PERCESTES	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE	ceased lived. If institutions b. COUNTY	Residence before admission
b. OT	Y OR TOWN (If outside carporate limits, write RAL and give/riedress town)	c. LENGTH OF STAY IN ) b	CITY OR TOWN (If ourside	carparate limits, write RURA	L and give nearest town)
d. NA OR	ME OF HOSPITAL (If not in hospital, give street INSTITUTION	address) O	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEA (Type	OF ASED Or print) Acmes	Middle	Dryden 4. D	ATE Month	Doy Yeor 25 196/
Ma	ele White WIDOW	The state of the s	8. DATE OF BIRTH  (15-1875)	1 1 20 1 1 1	UNDER TYEAR IF UNDER 24 HRS onths Days Hours Min.
Horry	AL OCCUPATION (Give kind of work done 10b. no mest at working 176, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or for	bigo cauptry)	12, CITIZEN OF WHAT COUNTRY
13. FATHE	Robert J. Dru	sclin	14. MOTHER'S MAIDEN NAME	Davis	
15. WAS {Yes, no, or	DECENSED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IN	u dala D. She	echle Snen	Hill m
18.	PART I. DEATH (Enter only one cause per lin	ne for (a), (b), and (c).]	or side tes	()	INTERVAL BETWEEN ONSET AND DEATH
gov	nditions, if day, which we rise to immediate se (a), stating the under.	pertension	w.		
Iyin OR CO OR CO (IF EI	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO
OR COR COR COR COR COR COR COR COR COR C	ACCIDENT WAS UNDERLYING   20b. DESI CONTRIBUTING   CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I	or Part II of item 18.)	
WEDICAL 20c. 1	TIME OF INJURY Month, Day, Year 20d. II Hour o. m. 19 White of wor	Nat while for	ACE OF INJURY (Home, form, 20)	(City or tawn)	(County) (State
	certify that (I) (this hospital) attend		leath occurred at 84 M.	today gara	719, that (I) (we) las
	SIGNATURE Frank Lewis		M.D. PHYS. MED. DIRECTO	STAFF	22b. DATE SIGNE
22c.	PHYSICIAN'S NAME (Type)		22d. ADDRES Willas	de Mary	laud.
230 BUR PEM	IAL, CREMAYON, 23b, DATE THEREOF OVAL (Specify)	130 NAME OF CEMETERY OF	Thoulist 23d	NOCATION (CIN Town of a	county) (State)
24. FONE	BALDIRECTOR'S SIGNATURE	MOUNTED	md 250. REC'D BY	O Pad	AR'S SIGNATURE LIMIT & KANNA
-	7	1	7-1-		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07382

1. PLACE OF DEATH	Vorcester	MARYLAND		here deceased lived. If institution b. COUNTY	Residence before admission) Worcester
(Rural)	(If outside corporate limits, secrest town).	write c. LENGTH OF STAY IN 1b		outside corporate limits, write RUF .sbury(Rural)	RAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospitol, give R.D.# 1 (N	street oddress) Jear St. Luke)	d. STREET ADDRESS R.D.	# 1 - Near S	t Luke on Farm?
3. NAME OF DECEASED (Type or print)	ARTHE		HALES	4. DATE Month OF JUNE	
s. sex Male	6. COLOR OR RACE 7. White w	MARRIED NEVER MARRIED   DIVORCED	B. DATE OF BIRTH May 19, 188	From Lived in A. P.	FUNDER 1 YEAR IF UNDER 24 HIS Months Doys Hours Min.
during most of wa	ION (Give kind of work dor rking life, even if retired)	Farming	Worceste	or foreign country) er Co.Marylan	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	7 - 9		14. MOTHER'S MAIDEN I		
Sidney I		TO ILL COCKET OF CHARTEN	Rebecca	00	
	ER IN U. S. ARMED FORCE: (If yes, give war or dates of servi-	5? 16. SOCIAL SECURITY NO.	s Elmer H.F Salisbur	Males(Wife) There	D.#1 St Luke
		per line for (o), (b), and (c).]	1 -		INTERVAL BETWEEN ONSET AND DEATH
PARTI. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	18 4 tearles	12 Fare	At CO	
420	DUE TO	Orio w H	to bear		Zwals
Garditians, if	immediate Our TO	Covonory y	mon von		- Marco
lying couse last	The Under-	Shalalifel	arthus	leusis	?
PART II. OT	THER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO BEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPS
PART II. OT					YES NO
	AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	ib. describe how injury occurri $\sqrt{A}$	D. (Enter noture af injury in	Part I at Part II af item 18.)	
20c. TIME OF INJU	IRY Month, Doy, Year	6-	ACE OF INJURY (Home, form ctary, street, affice bldg., etc	n, 20f. (City or town)	(County) (Stot
p. m.	74. 10	While Not while at work at work	N/A	N/A	
		attended the deceased from.			_, 196/_, that (+) (we) to
saw the deced	asyd aliver an Mas	20_196/ ond that	death occurred at	M, from the causes and	
22a. SIGNATURE	64-7/h	U/Ciò	M.D. ATTENDING X M	STAFF PHYS.	June 7 /1961
22c. PHYSICIAN'S HAME (Type)	Dr. Robert	T.Adkins	22d. ADDRESS Fruitle	and, Maryland	0
23a. BURIAL, CREMATI REMOVAL (Specif BURIA	ON, 236, DATE THEREOF	23c. NAME OF CEMETERY CO	or crematory Semorial Par	23d, LOCATION (City, town, or k Salisbury	county) (Stote) , Maryland
24. FUNERAL DIRECTO		ADDRESS AS A T		D BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE
HOLLOWAY	& COMPANY	SALISBURY MAI	IXLAND DAMEIN	0 161	- 9 25 10

DAMIN 9

'61

Chilles & Thomas

mover expined by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Baard of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. ours after death. Page 4 AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within TO H

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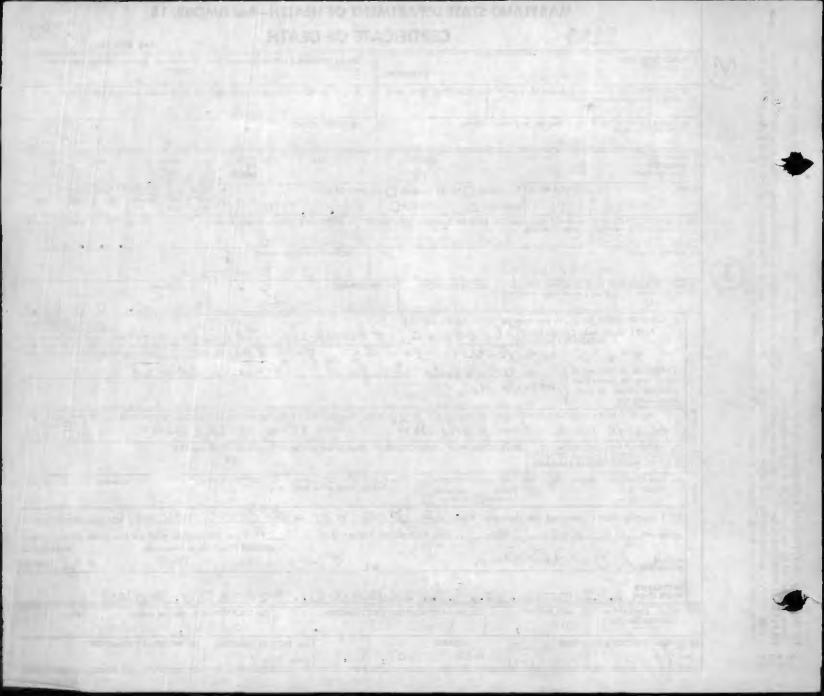
VS A15 (4) 15M 9/SS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TIF	CA	TE	OF	DEA	HTA	
	17.		$\sim$		200	

07383 Reg. Dist. No.

	7393		CERTIFIC	CATE	OF DEAT	Ή		Reg. Di	ist, No.	11300
. PLACE OF DEATH a. COUNTY	Worceste	c	MARYLAN	n	ISUAL RESIDENCE (Vo. STATE Mary]		_b. COUNT	tianı Resider	nce before	admission)
RURAL and give	(If outside carporate lim nearest town) OMOKE	ils, write	c. LENGTH OF STAY IN 1	1b c	CITY OR TOWN (IF	autside carp	orate limits, write	RURAL and	give neares	t tawn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, of Home	give street (	oddress)	1	d. STREET ADDRESS	Young	47			S RESIDENCE ON A FARM? ES NO
NAME OF DECEASED (Type or print)	Leah	rst	Middle Hearn	e	Lost	4. DATE OF DEATH	Mo	onth	Day	Yeor 19 67
. sex Femal		7. MARR	IED NEVER MARRIED	B. DA	re of BIRTH	74	9. AGE (In years last birthday)			UNDER 24 HR
L LISUAL OCCUPAT	TION (Give kind of work arking life, even if retired	)	KIND OF BUSINESS OR IN Housework			e ar foreign o	country)		S.A.	WHAT COUNT
3. FATHER'S NAME	acob Robe	rts		14.	MOTHER'S MAIDEN		rts			
. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 11	7. INFORE			Ad	dress		
PART I. Di	EATH [Enter anly and or EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	ause per lin	None le for (a), (b), and (c).]  REBRAI  KARLONI-LE	Geor +A	gia Hear Rombosis S, gen	ne 50		St. St.		AL BETWEEN AND DEATH
18. CAUSE OF D PART J. Di  Canditions, if gave rise ta cause (a), statin lying cause los	EATH [Enter only one constant of the constant	D C AR	None le far (a), (b), and (c).  Rebrole  Editable  Cellendega  Contributing to DEATH	Geor +A, e as / e e b	Rembosis  Related to the Tex	2 mg gr	8 Young	Sellie Several sed	INTERVONSET	WAS AUTOPS
18. CAUSE OF D PART J. Di Canditions, if gave rise ta cause (a), statin lying cause los	EATH [Enter only one constant of the constant	avecas)  ause per lin  A R  A R  A R  A R  A R  A R  A R  A	None le far (a). (b). and (c).  Le fe b R A I  Le correle  Existe Ce  Hemplegar	Geor +A, e as A e e b	Rombosis  Related to the Terr  Related to the Terr	CRIMAL DISEA	8 Young	Sellie Several sed	INTERVONSET	AL BETWEEN AND DEATH WAS AUTOPS PERFORMED?
18. CAUSE OF D PART I, Di PART I, Di Canditions, if gave rise ta caves (a), statin lying cause los PART II. O	CH yes, give wor or dates of the seath WAS CAUSED BY:  IMMEDIATE CAUSE (construction of the seath was caused by the seath was caused by the seath was constructed by the seath was underlying the seath was underlying to cause of Death was underlying to cause of Death was underlying to cause of Death was underly medical examiner)  URY Manth, Day, Yes.	ART DITTIONS C	None  le far (a), (b), and (c).  Re BRA  LAR (DITTLE  LAR	Geor  HAI  REAL  BUT NOT I	Rombosis  Related to the Terr  Related to the Terr	MINAL DISEA	SE CONDITION G	Se King Several Fed IVEN IN PAI	INTERVONSET	AL BETWEEN AND DEATH
18. CAUSE OF D PART I, DI  Canditions, if gave rise ta cavse (a), statin lying cause los  PART II. O  OR CONTRIBUTION (IF EITHER, NOTIL Hour a, m p, m	CH yes, give wor or dates of the seath WAS CAUSED BY:  IMMEDIATE CAUSE (construction of the seath was caused by the seath was caused by the seath was constructed by the seath was underlying the seath was underlying to cause of Death was underlying to cause of Death was underlying to cause of Death was underly medical examiner)  URY Manth, Day, Yes.	PAR DISTIGNS COLUMN TO THE PART OF THE PAR	NONE  Le for (a), (b), and (c).  LE FE D R A  LE TOPE C  LE TOPE C	BUT NOT I FOCIARY, STATE CO. PLACE O Fociary, State account.	RELATED TO THE TERM  THE NATION OF INJURY (Home, for street, affice bldg., e	MINAL DISEA: AMERICAN PORT I OF PORTION (CITY PORTION ADDRESS (S	S Young	Je Kac	RT 1(a) 19. (County)  last saw the date	WAS AUTOPS' EERORMED? ES NO (Stor



VR A15 (4) 15M 9/59

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07384

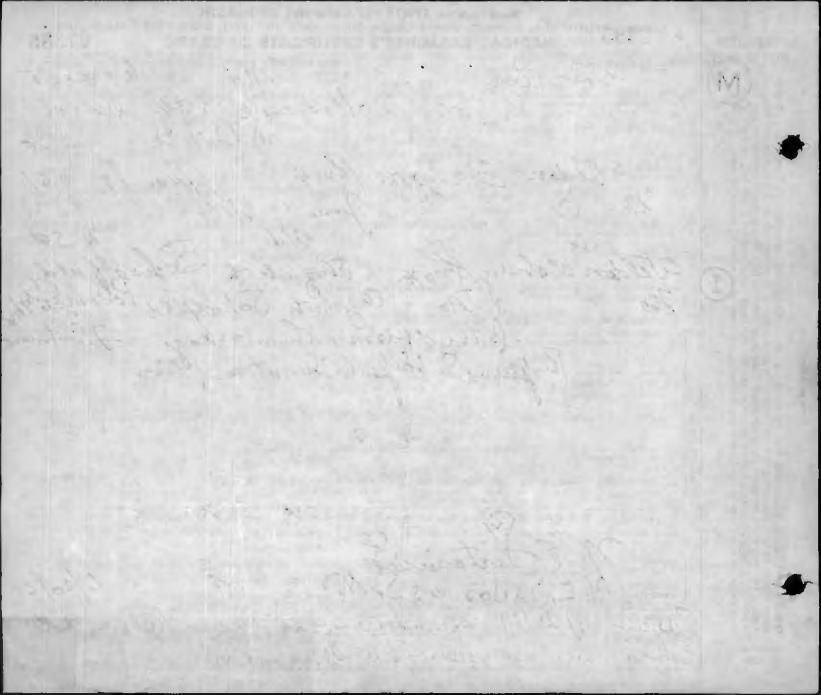
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
O. COUNTY MARYLAND	MARY LAND 6. COUNTY DRCGSTER.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE
OR INSTITUTION	1 R.FD # Z ON A FARM? YES X NO
3. NAME OF First Middle DECEASED First ON STAN TWO	Last 4. DATE Month Day Year OF DEATH JUNE 30 1961
101311111	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	MAR, 5, 1902 Sq yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FARMER ICHICITENS	UKRANIAN UKRANIAN
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IVAN HOLOWKO	WASELISA TECNYKOW
	HFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service) 182-26-4782	MRS MARIA HOLOWKO BERLIN MI
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN 1 ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (G)  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (G)	Curron al intamen 3005
163Y DUE TO 0	
Conditions, if any, which) (b) (escinos)	0/ LUNG 6005.
gave rise to immediate	
cause (a), stating the <u>under-</u> lying cause last.	V
(6)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
САТІС	PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Mile Not white at wark 19 at wark 19	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) clory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram	10 . 1
saw the deceased alive of left 1941, and that d	death accurred at 2.10 M, from the causes and on the date stated above.
1/ X 2/2 mas mo.	M.D. PHYS. MED. STAFF SIGNED
22c. PHYSICIAN'S NAME (Typy)	22d. ADDRESS, moder, md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY (State)
REMOVAL (Specify) 7 3 61 SUNSETM	EMORIALIMA BERLIN MD
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Homa A. Duebage Becken	DATE JUL 5 '61 Cirthur S. Krous

ADMINISTRATION OF THE PROPERTY The state of the s

Division PESTATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution Re dence before edmission) e. COUNTY Page a. STATE b. COUNTY MARYLAND 3 to the funeral director. F B/CWY OR TOWN (if outside corporate limits c. LENGTH OF SLAY IN 16 OR TOWN (If outside corporete limits, write, RURAL and write RURAL and give pearest town Account la later d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM retained State YES NO death. 3. NAME OF 4. DATE Middle Day DECEASED OF 110 (Type or print) DEATH with 5. SEX 6. COLOR OR RACE! In years | IF UNDER 1 W AR 8. OF BIRTH IF UNDER 24 HRS 7 MARRIED mey 2 wit birthdeyl and Months Devs Hours end 2 2 hours WIDOWED DIVORCED certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working Life, even if retired) pages form PM3. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? SOCI L SECURITY NO. Address permit. Inkown) | (If yes give we ror detes of service) with any INTERVAL BETW 18. CAUSE OF DEATH [Enter only one cause for line for (a), (b), end (c).] along C PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Office burie Conditions, if any, which gava rise to immediata cause (e), stefing the underlying Examiner 65 cause lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? cremati the word 2 NO Medical CERTIFIC, should 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Perk) or Part II of item 18.1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ease execute the certificate, writing should be forwarded to the Chief I FUNERAL DIRECTOR: Page 3 s Chief 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While 0 While Hour a.m. al work et work p.m. prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural caus Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DIEUTY MEDICAL EXAMINER **EXAMINER'S** DEPU NAME (Typa) Address (Street, city, town, or county) BEBURIAL CREMATION NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stote 22c. EMOVAL (Specify) 0 240 FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

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RYLAND STATE DEPARTMENT OF HEALTH



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VR A15 (4) 15M 9/59

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07386

1. PLACE OF DE o. COUNTY	Worcester		MARY		2. USUAL RESIDENCE o. STATE Mary		ed lived. If institut b. COUNTY		before odmi	
RURAL ond	OWN (If outside corporate limit give nearest tawn)  Ke City	ts, write c. L	Life	IN 1b	c. CITY OR TOWN	omoke C		RURAL and give	e nearest to	wn)
d. NAME OF OR INSTITU	HOSPITAL (If not in hospital, o	ive street addre			d. STREET ADDRES	SS	Street	;	ON	ESIDENCE A FARM? NO 1
3. NAME OF DECEASED (Type or print)	SUSA		Middle LEONARI	) 1	McMASTER	4. DATE OF DEATH	Jur		Doy 1	Year 19 <b>61</b>
5. SEX	6. COLOR OR RACE		NEVER MARRIE	D   B.	June 7.	1874	9. AGE (In years last birthday) 86 yrs.		YEAR IF UNI	
100. USUAL OCC	UPATION (Give kind of work of working life, even if retired vife	dane 10b, KIND	OF BUSINESS O		RY 11. BIRTHPLACE (	Stote or foreign of	country)		SA	COUNTRY?
	L. Nock						Clayvil	le.		
15. WAS DECEAS	SEDEVER IN U. S. ARMED FOR		AL SECURITY NO	17, INF	DRMANT	×1, D+	Adj	-	lnut	Stree
NO NO	(If yes, give war or dates of s		one	Mr	s William	n H. Tr	ader, I			
gove rise cause (a), s lying cous	IMMEDIATE CAUSE (a DUE TO St., if any, which to immediate a lost.  II. OTHER SIGNIFICANT CON	, ,	iv, th g		the Conralyed			VEN IN PART 1		ear AllTopsy
CATIC	ENT WAS UNDERLYING DEATH				(Enter nature of injur				PERF	ORMED?
(IF EITHER, I	BUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)									
20c. TIME OF	FINJURY Month, Day, Yes a.m. p.m. 19	While	Y OCCURRED  Not while of work		E OF INJURY (Hame, iry, street, affice bldg.		y or tawn)	(Cou	unity)	(State)
	fy that (I) (this haspite deceased alive an	une 1	1.3	that de	ath occurred at	149 to	7			1
22c. PHYSICI NAME (	(AN'S) Charles	W. Tra	der, M.		22d. ADDRESS 302 Mar	DIRECTOR [	.,Pocom	oke Ci	ty, I	7 1961 Vd.
230. BURIAL, CRI REMOVAL (S BULLIA	Specify) 23b. DATE THEREO		ethany				omoke C		Maryl	and
KIENT	MANUALS	on Po	ADDRESS COMOKe	Cit	y , Md , DATI	REC'D BY REGIS		istrar's sign		

an war of more and and (margetine DE LONG \_\_ DU STOLE LONG ADDISON AND RESERVED are the still as it had to see the see The first official to the second of the seco and all the state of the late of the late